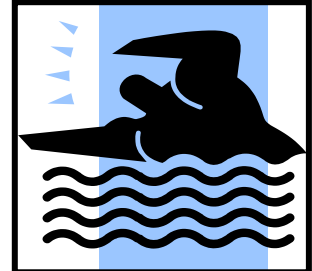




The William K. Ray  
**institute for wellness  
 & sports medicine**  
 a wesley medical center healthcare facility



# 1<sup>st</sup> Annual X-Country Tri Classic

## Saturday Oct 29<sup>th</sup>, 2011

*400 Yard Swim – Lap Pool (in-door)*

*10 Mile Bike – Keiser M3 Spin Bikes*

*2.1Mile Run – (Pavement w/ off-road obstacle course)*

*1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place Prizes for Male and Female  
 T-shirts for all entries*

*\$35 Registration Fee*

*Must register by Oct 21<sup>st</sup>, 2011*

*IWSM Contact: Benjamin Hardy, IWSM Manager*

*[Benjamin.Hardy@wesley.com](mailto:Benjamin.Hardy@wesley.com), 601-268-5083*

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*T-shirt: S M L XL XXL (please circle one)*

*Wave Times: 8am \_\_\_\_\_ 8:40am \_\_\_\_\_ 9:20am \_\_\_\_\_ 10am \_\_\_\_\_*

*Only 10 people allowed per wave.*

*Please bring registration form by IWSM to reserve your starting time slot.*

I desire to participate in the "IWSM Indoor/Outdoor Triathlon" at the Institute for Wellness & Sports Medicine. I agree to RELEASE AND FOREVER DISCHARGE, AS WELL AS PROTECT, INDEMNIFY AND HOLD HARMLESS, the Wesley Medical Center, LLC and the Institute for Wellness and Sports Medicine and all its parent companies, partners, subsidiary companies, agents, successors, officers, directors, servants, assigns, attorneys, representatives and employees from any and all liability arising out of my use of the grounds and facilities. I further state that to the best of my knowledge, I am in good physical and mental condition to participate in exercise. I am not aware of any condition that would prevent me from physically or mentally participating in exercise, nor am I presently under the care of any physician for any medical condition that would prevent me from participating in exercise. I hereby allow IWSM to take pictures of myself and/or my children and grant permission for these images to be used in IWSM publications, presentations, publicity or promotions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

210 W Hospital Drive \* Hattiesburg, MS 39402 \* 601-268-5010